

Foster Family Home - Corrective Action Report

Provider ID: 1-170058

Home Name: Felipa Genetiano, CNA

Review ID: 1-170058-2

1305 Nakuina Street

Reviewer: David Ayling

Honolulu HI 96819

Begin Date: 8/10/2018

End Date: 9/8/18

Foster Family Home Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 8/10/18. PCG requests to increase to a 3 client CCFFH. Corrective Action Report issued during home visit with all items due to CTA by 9/10/18.

6.(d)(1) - see applicable sections of the review

Foster Family Home Personnel and Staffing

[17-1454-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) - No current CPR certification for CG #4. Expired on 8/6/18.

Foster Family Home Fire Safety

[17-1454-45]

45.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

45.(a) - CG #1 and all SCG's not practicing fire drills monthly.

David Ayling M
Compliance Manager

PF Genetiano
Primary Care Giver

8/10/18
Date

8/10/18
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name: FELIPA GENETIMO
CCFFH Address: 1305 NAKUNA ST.
HOONOLULU HI 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41(D)(8)	I have received a current CPR certificate from CGH4 and place in my CTA binder		I placed all the items (CPR, RSP (can job) with expiration dates for all CGS on my iPhone calendar. I set the reminder for 1 month prior to expiration. I have also put on monthly fire drills.
45(a)	I have scheduled a fire drill for all CGS and will do a fire drill once a month with documentation. I will rotate the leader of the fire drill each month.		

Primary Caregiver's Signature: Fgenetimo
Print Name: FELIPA GENETIMO
Date of Signature: 9-8-2018